

REQUIRED PERSONALLY IDENTIFIABLE INFORMATION (PII)

Last Name		First Name		MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
E-Mail (Required)		SASS Student ID <i>(If provided, skip to Training Information)</i>	Social Security Number		Date of Birth (Format 00-00-0000)

TRAINING INFORMATION

Agency		Class Name/Number			
Is this your first time training with FLETC since January 1, 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Time	Range	

Acknowledgment of Safety Briefing	Course Code	Score	Shooters Initials
<hr/> <i>Signature</i>			

PRIVACY ACT NOTICE

The authority to collect this information is derived from the Government Employees Training Act, 5 USC 4101-4118, as implemented by Executive Order 11348 of April 20, 1967, the Homeland Security Act of 2002, the Department of Homeland Security Delegation Number 7050, and the Memorandum of Understanding for the Sponsorship and Operation of the Consolidated Federal Law Enforcement Training Center. The information you supply will be used to assist the government in retrieving information documenting your training. Disclosure by you of your Social Security Number (SSN) is mandatory. Solicitation of the SSN is authorized under the provisions of Executive Order 9397 dated November 23, 1943. The SSN will be used only as necessary in connection with retrieving your records.

FEDERAL LAW ENFORCEMENT TRAINING CENTER –
CHELTENHAM FIREARMS

FOR OFFICIAL USE ONLY

FTD-CFA-002 (1/13)

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